

No. <b>W 63332</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PERFECT CUP, LLC (THE) NANCY E HALLOWELL PO BOX 466 FAIRFIELD ID 83327-0466		NANCY E HALLOWELL 326B N 400 W FAIRFIELD ID 83327			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name NANCY E HALLOWELL	Street or PO Address PO BOX 466		City FAIRFIELD	State ID	Country USA	Postal Code 83327
5. Organized Under the Laws of:  <b>ID</b> <b>W 63332</b>		6. Annual Report must be signed.*  Signature: Nancy Hallowell Name (type or print): Nancy Hallowell  Date: 04/13/2014 Title: Member/owner					
Processed 04/13/2014      * Electronically provided signatures are accepted as original signatures.							